

Invitation to Tender

Neighbourhood Health – Action Research Delivery Partner

February 2025

In Partnership with Local Trust

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About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ over 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure.

We support our members in three main ways:

- We represent organisations and sectors, to ensure local organisations and systems work in the best interests of service users, citizens and staff.
- We connect the whole healthcare system, to boost system working and develop solutions to shared challenges.
- We support leaders to develop and hone their leadership skills, equipping leaders with tools, ideas and insights and connecting them with a community of leaders.

Our work is underpinned and driven by our values, which help us to achieve our vision of a healthier population supported by high-quality health and care services that benefit everyone. We are respectful, inclusive, bold, collaborative and we act with integrity.

We represent the NHS as a whole and also have a number of networks to support our members in areas of specific concern to their part of the healthcare system.

We work closely with the Government, Parliament, and national stakeholders.

We provide an independent and robust critique of policy and act as an important conduit between policy makers and NHS leaders – helping to test proposals and assess their impact on front line services.

About Local Trust

Local Trust was established in 2012 to deliver *Big Local*, a National Lottery Community Fund-funded programme which committed £1m each to 150 neighbourhoods across England. The £217m originally provided by The National Lottery Community Fund to support this programme is the largest single-purpose Lottery-funded endowment ever made, and the biggest ever investment by a non-state funder in place-based, resident-led change.

In terms of scale, time horizon and ethos, nothing like Big Local has ever existed.

Designed from the outset to be radically different from other funding programmes, at the heart of Big Local is a vision of empowered, resilient, dynamic, asset-rich communities making their own decisions on what is best for their area.

In practice:

- Supporting Big Local partnerships to achieve their ambitions.
- Delivering and commissioning research, evaluation, analysis and storytelling from Big Local, and using this to influence and inform policy and practice nationally and locally.
- Developing new ways to achieve a transformation in the way policy makers, funders and others engage with communities and place.

Local Trust and NHS Confederation partnership

From April 2024 the NHS Confederation and Local Trust have joined forces to promote and test community-led approaches to health and wellbeing in some of England's most deprived neighbourhoods.

Working together, we will broker practical partnerships between Big Local areas, NHS partners and others with a stake in improving the health and wellbeing of people and places.

Legal overview

NHS confederation is charity is a company limited by guarantee and was incorporated on 23 January 2002 (Charity number 1090329, Company Number 04358614).

The charity has a subsidiary called The NHS Confederation (Services) Company Limited incorporated as a company limited by guarantee (Company Number: 05252407).

Scope of work

In responding to worsening population health and widening health inequalities, and as we look to the future of health and care as part of the ten-year plan, we [NHS Confed & Local Trust] are arguing for a more radical model of neighbourhood working, one that goes well beyond an NHS multi-disciplinary team based in a locality to one which builds on community assets and allows communities to play a more central role in the creation of good health and well-being.

We know that the public sector can benefit from working respectfully with communities, seeing people and their relationships and connections as assets to be drawn on to promote health and well-being. This also creates a conducive environment for a different model of care. One that can address the needs of high-intensity users of NHS services through a holistic and person-centred model. This kind of approach is not only more effective and more compassionate but also saves money by reducing demand and unnecessary activity.

We shouldn't miss the potential of neighbourhood working to drive a step change in our relationship with the people we serve and who most need us. But we should also not underestimate the barriers at every level.

The NHS Confederation and Local Trust are tendering for an organisation or group of organisations to deliver a 12 – 18 month action research project focused on community-led, hyper-local approaches to a neighbourhood health service. Focusing on building the partnerships between local communities and NHS leaders and providers.

The nature of this project requires a broad skillset which will include: expertise and track record in delivering high quality action research; ability to adeptly facilitate and cultivate relationships between a diverse range of people and partners in complex local settings; and excellent communication skills, including the ability to produce compelling reports and materials for a range of audiences.

We are open to all applications to deliver this work, though we would encourage organisations to consider working in partnership where this would draw in strong expertise across the disciplines required.

Our main objective is to improve population health and reduce health inequalities through joined-up, community led approaches at a hyperlocal level.

To do this we are guided by three goals:

1. We help create the conditions, at all levels, to reduce health inequalities and improve population health including the role of community leadership, social infrastructure, and hyper-local approaches to deliver sustainable and preventative health services.
2. People within the NHS, community and other relevant sectors have the knowledge, skills and capacity to create positive change.
3. Through compelling evidence, we influence national policy including the re-distribution of resources toward community-led approaches.

We are working towards these goals through four distinct but linked phases of activity:

1. **Foundational research (Complete)**– that synthesizes and analyses existing practice in tackling place based health inequalities here and abroad, builds a strong case for change and describes the steps that can be taken to create new, more effective and sustainable solutions for neighbourhood health.
2. **Awareness raising and advocacy (ongoing)**– mainstreaming learning and approaches through this work into national policy discussion and development, establishing a range of high-profile advocates for change.
3. **Building a community of practice (ongoing)**– to establish and support a cohort of local leaders with knowledge, passion and support to drive positive change and influence practice.
4. **Action research** – testing, iterating and learning from integrated approaches to health and care based on community leadership at a hyper local level in a selection of Big Local areas and/or areas that share similar characteristics.

Context

It is clear that an effective ‘neighbourhood health service’ will not be achieved by shifting a medical model into communities. It requires a new proactive model of care that brings together the medical model with a psycho-social model and works more effectively with communities and wider partners. There is a huge opportunity to harness existing health and care resources to better coordinate across the population, from working with communities to give individuals and families a better start in life, to helping working-age adults back into sustainable employment.

Two levels of transformation are required:

- Citizens and Communities are being supported to take back power over their own health and wellbeing, particularly in areas with the greatest levels of deprivation

and a lack of social infrastructure. Further information on the needs of the most deprived communities is appended to this briefing.

- Re-shaping the public sector to be an effective partner in this change, including being a partner in broader community development and in addressing the social determinants of health and wellbeing, working with local government and VCSE (voluntary, community and social enterprise) partners.

The models of effective community working and the barriers to these models are covered in our [foundational research reports](#).

Such models combine the best of both community action and statutory services working closely together. Community power in this context is not simply about individuals and organisations but building powerful communities that have real agency in determining outcomes in the neighbourhoods where they live.

Our conclusions are consistent with the Fuller stocktake from 2022 and the Darzi review published in 2024. Both reports highlighted the need for the NHS to work differently to embrace multidisciplinary models that bring together a range of primary, community, mental health and wider services, and enhance the role the NHS can play in tackling wider socioeconomic inequalities, improving the quality of people's lives and economic prospects, at all stages of their lives.

Overall, areas of high socio-economic deprivation tended to face more barriers in terms of historic underinvestment or lack of revenue support to create and sustain community assets, increasing the chances of such neighbourhoods being left behind. Action at every level is required and our work identified six principles for this:

1. Listen to understand what is important to neighbourhoods, their assets and needs, and how residents define their own neighbourhoods.
2. Build relationships between community groups and statutory services that are high trust, open and value what each partner brings.
3. Empower neighbourhoods to take action through long-term funding, capacity building and clear accountability, providing confidence for long-term partnerships.
4. Embrace diversity of approach rather than prescribing a model. Instead create space for neighbourhood-driven solutions informed by best practice.
5. Create common purpose across the system, by agreeing shared outcomes across neighbourhood partners.
6. Think and act sustainably by building social capital and a data, insight and evidence base to support future work.

At a local level, leaders need to work in partnership to catalyse, nurture and sustain neighbourhood working. This action research will support this effort across five areas.

What we want to understand through this work

We are interested in better understanding and applying the conditions, behaviours and approaches that create healthier places to live. Specifically, how a range of partners including NHS practitioners and local people come together to identify and respond to health and wellbeing issues, focused on prevention and access to care.

The research will address the following questions:

- How can these partners work together to understand a community’s health and care needs at a hyper-local level? This is likely to include a blend of data and local insight.
- How can partners work together to adopt clear and agreed priorities for activity and investment in addressing health related issues?
- How do community leaders need to be supported to be genuine partners in integrated solutions at a local level?
- What support do NHS and other stakeholders require to operate in this way?
- What are the principles, behaviours and approaches needed to work together successfully?
- What are the conditions within places and within structures/systems that enable stronger neighbourhood based working?
- What are the barriers and how might they be overcome?

The preferred supplier/s for this work will need to be:

- adept at facilitating constructive working relationships and developing plans in complex local community environments where there may be different view points on an issue
- Expert analytical and research professionals, able to produce engaging and thoughtful reports and dissemination materials suitable for a range of audiences, including at a senior political and policy making level.

With this in mind, whilst we are open to single organisations tendering for the work, we also see considerable benefits in, and would encourage, consortia of individuals / organisations applying.

Approach

We expect the action learning phase to last between 12 – 18 months.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Big Local Areas EOI process	█	█										
Shortlist and selection of BL areas & Tender partners		█	█									
Area intros / familiarisation				█	█							
Workshops and plan development					█	█	█	█	█	█	█	█
Testing approaches, iteration (grant funded) until October 2026									█	█	█	█

	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Testing approaches, iteration (grant funded) until October 2026	█	█	█	█	█	█	█	█	█	█		
Interim Report		█	█									
Final Report								█	█			

Individual areas

This research will use an action research approach. The successful contractors will work closely with approximately 5 Big Local areas, or those with similar characteristics, to build relationships with NHS partners and wider stakeholders to pursue integrated approaches to health.

This will include in area meetings and workshops bringing together a range of interested groups alongside probable work with individual stakeholders / cohorts to develop their thinking and approach, however the extent to which this is required is likely to be different for each area.

We will have identified a short list of Big Local areas that have different levels of demographic diversity, in different regions of England. We will support the successful contractor to develop a relationship with areas and with NHS partners to be part of the action research.

Working with each area the contractors will support the development of a shared roadmap / action plan for addressing health inequalities in that area and support early testing and adaptation of the activities. A grant budget of between £10,000 – £20,000 will be given directly by Local Trust to each area to support the practical implementation of each plan and the development of relationships with NHS primary care partners. The approach should be informed by the findings of our foundational research phase previously referred to.

Cohort based learning

The contractors will be responsible for periodically convening partners from across all areas to share learning, explore and develop themes related to the research questions and build networks and relationships.

This should:

1. Enhance participants understanding and ability to deliver the work through mutual sharing and learning.
2. Provide a network for participants to access peer support
3. Serve to develop the themes and learning for a final report.

Wider learning

The action research phase is a critical part of our overall project delivery and the learning surfaced will feed other groups responsible for developing thinking, producing content and driving delivery of other strands of work forward. As such, the contractors will be asked to produce an interim learning report which highlights some of the key themes emerging from the research. Primary audiences this will serve include:

- NHS and healthcare specific leaders that form part of the NHS Confederation design group, and Integrated Neighbourhood Community of Interest
- The overall partnership steering group of high level NHS, civil society and political leaders
- ICSs

Other

The contract will include delivering a session with NHS Confederation and Local Trust staff to sense-check your findings and recommendations. Your proposal should specify what action research approach and methods you intend to take. We are open to alternative approaches to the proposed structure if consultants have better ideas on achieving the aims of the research.

Outputs

We expect the following outputs at the end of the delivery period:

- Each individual area will be expected to produce, with the consultant's support, a roadmap/plan for delivery and take action to deliver it during the course of the research.
- One interim learning report with time factored in for one round of comments from the client team on a high quality first draft.
- A final report with time factored in for two rounds of comments on high quality drafts, including an accessible summary paper.
- A high quality set of presentation materials to be used in the projects political and wider sector advocacy work.
- Delivery of a presentation as part of a final celebration / learning event.

Support from NHS Confederation

NHS Confederation's Improvement Team will be available to support this programme and is providing overarching programme management for all activity related to the partnership.

Successful suppliers will have a named NHS Confederation contact to support them throughout the research. The individual, as part of our growing improvement function, can support with:

1. Onboarding the supplier into the partnership
2. Connecting, building and sustaining relationships to health and care members in the areas we are working with
3. Linking learning from the programme into wider work across NHS Confederation and the partnership
4. Project management support
5. Identifying opportunities where our leadership and improvement expertise may be well placed to support direct work with one or more of the areas and
6. Support with developing and delivering learning outputs at the end of the programme.

Timeline and budget

This work starts in April 2025 and last between 12 to 18 months. It is assumed, given the nature and pace different areas are likely to move at, some may complete their participation in the research before others.

Budgets should make provision for comments on high quality draft outputs as specified in the tender and submission of final, clean versions. Local Trust and the NHS Confederation will undertake any proof reading, design and production work for the final report and NHS Confederation will leading on communication delivery.

The programme has a budget of £90k inclusive of VAT to support this work.

To note - we hope to expand this programme in the future with additional investment and this will require further work with a partner for delivery.

Proposal document

Interested parties are asked to submit a proposal document. The deadline for submission is Friday 28th February 2025.

The Proposal document should, as a minimum cover the following areas:

- Brief outline your values, structure, size and capabilities in general
- Examples of similar tenders you have won and delivered
- List two not for profit clients that we can contact for reference purposes (references will be taken up for firms shortlisted)
- Completion of the equalities questionnaire at schedule 1 (refer to guidance provided) – please highlight or delete as applicable)
- How your organisation is aligned with the values of the NHS Confederation – see Appendix 2
- Your understanding of what is needed, and a description of your knowledge and experience of working with communities and the health system.
- Your experience of undertaking action research within a local community setting and an example of a previous project, including how you've managed complex multi-stakeholder partnerships.
- Your experience of working with or developing a cohort learning approach to projects.
- A detailed description of how you would approach the work and deliver the research. This should include the research methods you would use and why, a timeline indicating when you would plan to deliver different activities, key milestones and deliverables against each of these, along with outputs.
- A detailed budget including all costs, expenses and VAT, specifying all day rates, the number of days proposed and cost of particular activities.
- Details of the staffing you propose for the work. A description of the team's skills which outlines how you meet the skills requirements, including CVs (as appendices).

Proposals should not exceed 14 pages and fonts should be a minimum of size 12. CVs can be appended and do not count towards the page limit but should not be any longer than two pages each.

Proposal scoring

Contracts will be awarded based on the provider whose offer is assessed to be the most advantageous in terms of cost, methodology, understanding of the brief and relevant experience. Proposals will be assessed using the following criteria:

Criteria	% Weighting
Fit to requirements of the brief	50%
Quality and experience of the team	25%
Value for money	10%
Alignment with values	10%
Quality of engagement with management and the tender process	5%
Total	100%
Criteria	% Weighting

Information Webinar

At 9.30am on 13th February staff from NHS Confed and Local Trust will be available to talk through the Action Research and answer any questions you may have. Sign up here: <https://events.teams.microsoft.com/event/f194f0fd-6168-4199-9050-f6cad8a0c649@4f02a80d-ba08-438c-9ce3-323563c7b366>

Timetable

Action	Date
Deadline for tender response documents to be submitted	Friday 28 February 2025
Shortlist finalised	w/c Monday 3 March 2025
Formal tender interviews	w/c Monday 10 March 2025
Preferred Supplier notified	w/c Monday 17 March 2025
Contract negotiation	Monday 31 March 2025
Work commences	Tuesday 1 April 2025

Instructions for the return of tender submissions

Tenders should be submitted by email to Holly.walters@nhsconfed.org cc to contracting@nhsconfed.org

With the subject line: ACTION RESEARCH ITT – [name of your organisation]

Tenders must be received by the end of Friday 28th February 2025. Tenders received after this date will not be considered. Tenders must include the completed Equalities questionnaire found in Appendix 1.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

Further Information

Further information on about this tender can be obtained from:

Name	Email Address
Holly Walters	Holly.walters@nhsconfed.org
Charlotte Ruthven	Charlotte.ruthven@nhsconfed.org

Appendix 1 - Equalities Questionnaire for completion

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The NHS Confederation wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

- In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

- In relation to delivering services?

Yes No

3. Do you have a written equality policy?

Yes No

4. Does your equality policy cover:

- Recruitment, selection, training, promotion, discipline and dismissal

Yes No

- Victimisation, discrimination and harassment making it clear that these are disciplinary offences

Yes No

- Identify the senior position for responsibility for the policy and its effective implementation

Yes No

1. Is your policy on equality set out:

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes No

- In recruitment advertisements or other literature?

Yes No

- In materials promoting your services?

Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, has any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes No

In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

- Legislation prohibiting discrimination; or

Yes No

- Contract conditions relating to equality in the provision of services

Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e., notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature. You will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g., in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information will details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.

Appendix 2 – NHS Confederation Values and their definitions for reference

Respect

We treat people with respect.

We recognise the diversity of views, and we listen to understand.

We believe in fairness and support one another to achieve our goals.

We demonstrate trust, respect and fairness at all levels of the organisation.

We have fair and respectful employment practices that provide individual support and nurture talent.

Inclusivity

We continuously strive to be a diverse organisation - we encourage different ideas, strengths, interests and experiences.

We have a genuine commitment to being an inclusive and welcoming employer and organisation.

Our staff should represent the NHS and wider population in terms of diversity.

All our staff feel they have a voice, are listened to and valued. We value everyone's contribution.

We respect different views and show this by listening and being authentic. We respectfully challenge back when needed.

Bold

We are innovative and creative, always striving to be our best.

We are courageous and confident when we need to respectfully challenge.

We are ambitious, aspiring to be the best in our work and encouraging it in others.

We are leading, influencing and represent our stakeholders and the NHS.

We speak for members and lead on their behalf.

Integrity

We are open in everything we do, say and role model.

We are honest with ourselves about where we need to improve.

We have pride in the work that we do, and we are proud to represent the NHS.

We are all accountable for our work and learn from our mistakes.

We have an honest and open culture.

Collaboration

We are all part of one organisation and work collaboratively with other teams.

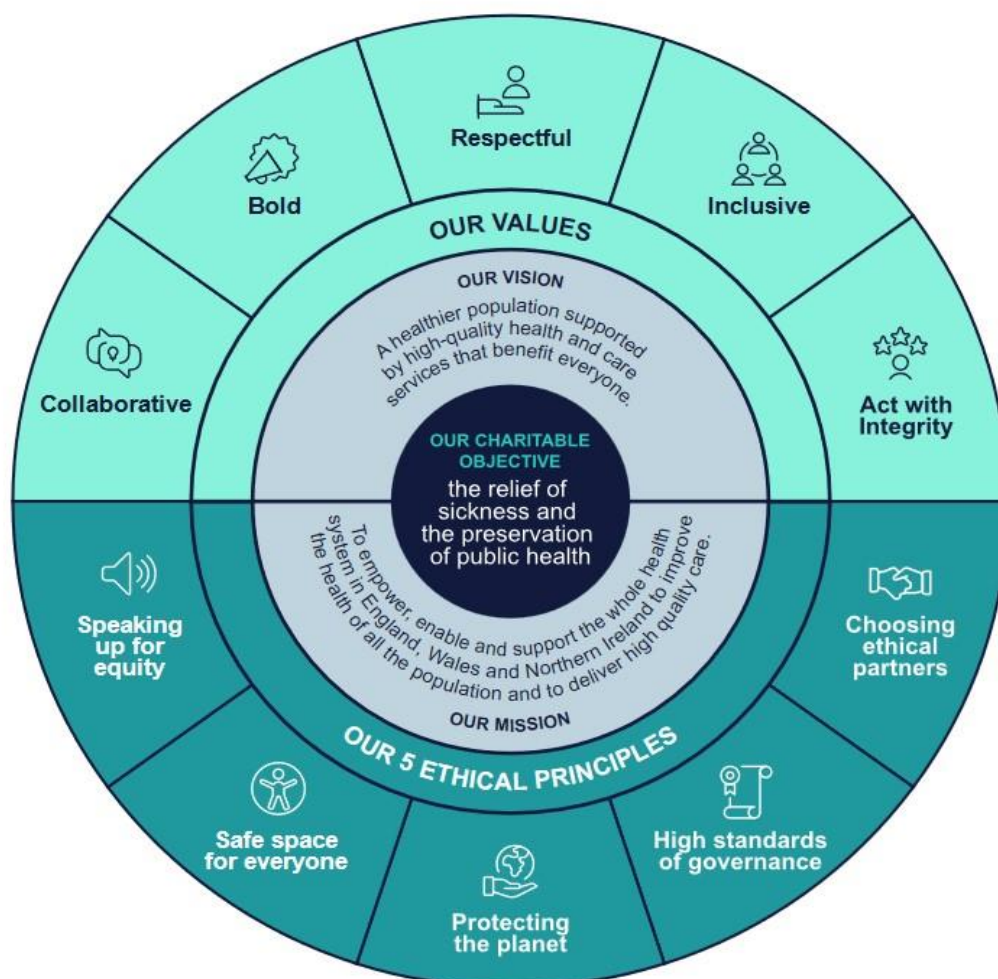
We are a diverse organisation with a diverse membership and recognise and value each other's strengths.

We encourage internal collaboration to share ideas across teams and external collaboration to have impact across the wider NHS and our stakeholders.

We communicate respectfully and listen to the needs of our members and stakeholders.

We work together with our members and stakeholders to improve patient care.

Appendix 3 Our Ethical Principles



As an organisation we often face certain ethical questions in our day-to-day work – from the types of organisations we want to partner with, to the broader impact our decision-making and activity has on the environment and wider society. In making those decisions, we need to have a consistent and logical approach that is directly linked to our organisational purpose.

As a charitable organisation, our purpose is to make a positive impact. Our vision is of a healthier population supported by high-quality health and care services that benefit everyone. To achieve that we need a more equitable and inclusive society and a good quality environment where we are halting the impacts of climate change.

As an organisation we have our own operational impact. Through this ethical framework we proactively champion ethical behaviour in all we do, including how we work with others, how we champion our cause and how we make decisions.

This framework empowers staff to look to achieve a greater positive impact in their work, making decisions that are inclusive, have greater social value and that take us towards our commitment to be carbon neutral. It helps us to be true to our values and charitable objective in everything we do. Our ethical principles are:

Speaking up for equity - We speak up about wider determinants of health and call for an improved and more equitable population health and healthcare for the whole population.

Safe space for everyone – we constantly strive to be an organisation that is always supportive, inclusive, equitable, safe, respectful, and fair for everyone.

Protecting the planet – we are committed to reducing our own impact on the environment, not least our carbon footprint, with our actions and of those we interact with.

Choosing ethical partners – we seek to only work with other individuals and organisations who can demonstrate active and strong alignment with our principles.

High standard of governance - We will hardwire our ethical principles into our decision making, ensure our organisation is run to highest standards of governance, with transparency and accountability.